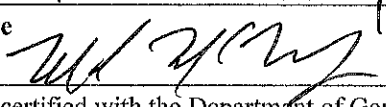


ATTACHMENT 6
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name TOM MAYO CONSTRUCTION, INC.	2. Telephone Number (209) 943-6248	2a. Fax Number (209) 943-1854
2b. Email Address MARK@TOMMAYO.NET		
3. Address 4735 E. FREMONT ST. STOCKTON, CA 95215		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) 68-0380158	8. California Corporation No. 277 7934 7	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number 1000001583		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 388077	11. PUC License Number CAL-T- 0060324	
12. Bidder's Name (Print) MARK MCNEARNEY	13. Title Vice President	
14. Signature 	15. Date 4/12/17	
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: _____		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below: _____		

NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".

Date application was submitted to OSDS, if an application is pending: _____

17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?
Yes ☐ No ☒

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): <u>Tom Mayo Construction Inc.</u>			CONTRACT NO. <u>10A1864</u>		
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	1725 1800	Tons	Remove and Replace Asphalt with HMA as described in Exhibit A, Scope of Work	\$ 217 ⁰⁰	\$ 390,600 ⁰⁰
<p>(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.</p> <p>(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.</p>					<p>TOTAL THIS PROPOSAL</p> <p>390,600⁰⁰</p>

ATTACHMENT 2

State of California—Department of General Services, Procurement Division
GSPD-05-105 (REV 08/09)

Solicitation Number 10A1864

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE): SB or None ☐ (If "None," go to Item #2)
- b. Will subcontractors be used for this contract? Yes ☒ No ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

R/R AC Pavement

- c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes ☐ No ☐
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes ☐ No ☐ N/A ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
Wells Sweeping Aaron Ashcraft 916-568-0104 916-646-3760 Fax	5425 Marwith Ave Sacramento, CA Aaron@wellsweeping.com	DVBE	sweeping	0.0%	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.



5425 Marmith Ave • Sacramento CA 95841
Office: 916-568-0104 • Fax: 916-646-3760

DIR #1000005415

April 7, 2017



**WELLS SWEEPING IS
A CERTIFIED SMALL
BUSINESS ENTERPRISE
& DISABLED VETERAN
BUSINESS ENTERPRISE**

Tom Mayo Construction, Inc.
Attn: Mark McNearney
Phone: (209) 943-6248
Email: mark@tommayo.net

Re: DVBE/SBE Sweeping Rates Proposal – Minor B 10-A1864 – DVBE

Dear Mark,

We would like to thank you for your time giving us this opportunity to offer you our rates. All rates provided are on a contract to contract basis. We are willing to do what it takes to build strong business relationship and hope that you will continue to call us for assistance on all of your projects.

Service Rates *Per Operated Truck

Prevailing Sweeping Rate:	\$	185.00	per hour with an 8 hour minimum (DVBE #0000333) (2.5% max increase per year)
Overtime Rate:	\$	35.00	per hour additional (Over 8 Hours on Job Site)

Surcharges *Per Operated Truck

Travel Rate:	\$	145.00	per hour (Portal-to-portal)
Per Diem:	\$	135.00	per diem (Per Nightly Lodging if necessary)
Weekend Hold:	\$	80.00	per hour with a 6 hour minimum (Per day lodging onsite during weekend)
Cancellation:	\$	95.00	per hour with a 6 hour minimum (Per scheduled day canceled when lodging)
Weekend Rate:	\$	35.00	per hour additional (Saturday, Sunday, and Holidays)
Night Rate:	\$	15.00	per hour (8:00PM – 8:00AM)

*We may be required to have equipment travel back to our shops for periodic servicing or operator exchange. Equipment may need to be serviced at our shop due to unexpected breakdowns. In the event we are unable to perform on the job due to breakdown or unavailability of equipment we may subcontract a local sweeper in at their rates which may vary higher than ours. We will make all attempts to quickly limit the expense in these events. In the event that we cannot perform or substitute a contractor to perform on this job, Wells Sweeping will not be held liable for any back charges, surcharges, and or costs related to delays. If dispatched equipment/driver is not able to perform on scheduled day and client is provided notice of the same, unless such circumstances exist that render such notice impossible, client will be responsible for acquiring a replacement. Client agrees to assume any and all liability for delay due to this circumstance. This clause remains in effect from the date of this proposal. (These circumstances are possible, but highly unlikely; we are performing work out of our normal area of operations and events out of our control can and may take place, we have a very high out-of-town success rate and our clients are extremely satisfied with our services) The parties agree that the contents herein are deemed a proposal until the contract is awarded to Wells Sweeping, at which time the terms and conditions stated herein become binding. *Small surcharge may be added to cover fluctuations in fuel costs.*

We look forward to providing you with quality service.

Sincerely,

Aaron D. Ashcraft
Chief Financial Officer

Office Contacts:

Aaron Ashcraft	CFO	916-265-8807
Anthony Duminy	COO	916-410-3735
Vasiliy Khoklan	OPS	916-439-3785



DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 848 (Rev. 5/2008)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: Jay S Wells DVBE Ref. Number: 0000333
 Description (materials/supplies/services/equipment proposed): Street Sweeping, Road Sweeping
 Solicitation/Contract Number: Minor B 10-A1864 SCPRS Ref. Number: _____
 (FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- ☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

Jay S Wells

(Printed Name of DV Owner/Manager)

(Signature of DV Owner/ Manager)

4/7/2017

(Date Signed)

(Printed Name of DV Owner/Manager)

(Signature of DV Owner/Manager)

(Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent:

(If more than one firm, list on extra sheets.)

(Print or Type Name)

Firm/Principal Phone: _____ Address: _____

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- ☒ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- ☐ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2, subsections (c) and (g).* *Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.*

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

Jay S. Wells

(Printed Name)

(Signature)

4/7/2017

(Date Signed)

5425 Marmith Ave, Sacramento, CA 95841

(Address of Owner)

916-568-0104

(Telephone)

94-2766701

(Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Manager)

(Signature of DV Manager)

(Date Signed)